

REPORT OF SURVEY

(See Instructions Sec. 103-25.51
HHS Material Management Manual)

REPORT
NUMBERDATE OF
REPORT

PAGES IN
REPORT

1.

2. INDICATE ACCOUNTABLE AREA INVOLVED

TO:

3. THE ITEMS LISTED BELOW WERE:

☐ LOST

 DAMAGED

1

SHORT ON INVENTORY

1

DESTROYED

1

OTHER

IDENTIFICATION OR ITEM NUMBER	DESCRIPTION OR NOMENCLATURE	UNIT	UNIT COST	QUANTITY	TOTAL COST
					GRAND TOTAL
					\$

4. EXPLANATION (*See instructions*)

Initiator

(Signature)

(Title)

(Date)

5. ADDITIONAL INFORMATION (*See instructions*)

Prop. Mgmt. or
Accountable
Officer

(Name)

(Title)

(Date)

6. APPOINTING ACTION. The individual(s) named below shall constitute a Board of Survey and shall investigate the above matter (item 1) in accordance with the HHS Material Management Manual Sec. 103-25.51.

CHAIRMAN (OR SURVEY
OFFICER)

RECORDER

MEMBER

MEMBER

MEMBER

Appointing
Official

(Signature)

(Title)

(Date)

7. FACTS, CONDITIONS, FINDINGS, ETC. of the Board-of-Survey or Survey Officer.

(Signature, Chairman or Survey Officer)

(Date)

(Recorder)

(Date)

(Member)

(Date)

(Member)

(Date)

(Member)

(Date)

(Member)

(Date)

8. DETERMINING AUTHORITY CONCLUSIONS:

Determining
Authority

(Signature)

(Title)

(Date)

9. FINAL ACTION: *I certify that the instructions of the Determining Authority regarding disposition of the property have been accomplished and appropriate disposal action taken or abandonment or destruction has been accomplished and witnessed as indicated. Property Accountability records have been properly adjusted and voucher(s) processed to adjust the fiscal records.*

Property Mgmt. or
Accountable Official

(Signature)

(Date)

10. DESTRUCTION OR ABANDONMENT WAS ACCOMPLISHED IN MY PRESENCE

Witness

(Signature)

(Title)

(Date)